Revision:	HCFA-PM-91-4 AUGUST 1991	BPD)	SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 1 OMB No.: 0938-	
	STATE PLAN UNDER	TITLE XIX OF	THE SOCIAL SECURITY ACT	
	State: <u>Delaware</u>			
		RESOURCE L	LEVELS	
A. CATE	GORICALLY NEEDY GROU	JPS WITH INCOM	MES RELATED TO FEDERAL POVERTY LEVI	EL
1. <u>Pre</u>	egnant Women			
a.	Mandatory Groups			
	/_/ Same as SSI	resources leve	els.	
	$\overline{(X)}$ Less restrict	tive than SSI	resource levels and is as follows	:
	Family Size	Resource	e Level	
	1	0		
		0		
b.	Optional Groups			
		resources leve	els.	
	$\overline{(X)}$ Less restrict	ive than SSI	resource levels and is as follows	:
	Family Size	Resource	e <u>Level</u>	
	1	0		
		0		

Α.

TN No. SP-302 Supersedes TN No. SP-250	Approval Date	DEC 18 1992 ffective	Date _ 31 0 1 1982
TN NO. <u>51 250</u>		HCFA ID:	

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 2 TO ATTACHMENT 2.6-A

AUGUST 1991

Page 2

400031 1991				OMB No.: 0938-							
_	STATE	PLAN	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	ACT	

2. <u>Infants</u>

a. Mandatory Group of Infants

State: ___Delaware

Same as resource levels in the State's approved AFDC plan.

 $\angle X$ Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	0
2	0
3	0
4	0
	0
5	0
6	
7	0
8	0
9	0
_10	0

TN No. SP-30Z	Approval	Dato	DEC 1	8	1992	Effective	Dato	JUL 0 1 1992
Supersedes TN No. SP-250	Approvar	Date	DLU			Effective	Date	

HCFA ID: 7985E

Revision: HCFA-PM-91-4 AUGUST 1991 (BPD)

SUPPLEMENT 2 TO ATTACHMENT 2.6-A

Page 3

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

_ State: <u>Delaware</u>

b. Optional Group of Infants

Same as resource levels in the State's approved AFDC plan.

 \overline{X} Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	0 .
2	0
3	0
	0
4	
5	
6	
	0
8	0
9	0
_10	0
	

TN No. SP-302
Supersedes
TN No. SP-250*

Approval Date DEC 18 1992 Effective Date JUL 0 1 1992

HCFA ID: 7985E

^{*}Information previously on page 2.

Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

SUPPLEMENT 2 TO ATTACHMENT 2.6-A
Page 4
OMB No.: 0938
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Delaware

3. Children

a. Mandatory Group of Children

/// Same as resource levels in the State's approved AFDC plan.

/// Less restrictive than the AFDC levels and are as follows:

Family Size Resource Level

1 0
0
0

Family Size	Resource Level
1	0 .
	0
3	0
4	0
5	0
	0
7	0
	0
	0
9	0
_10	

TN No. SP-302
Supersedes
TN No. SP-250*

Approval Date DEC 18 1992

HCFA ID: 7985E

^{*}Information previously on page 2.

SOLLEPHINE TO WITHCHINE TO

Page 5

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

b. Optional Group of Children

- Same as resource levels in the State's approved AFDC plan.
- Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level				
1	0				
2	0				
_ 3	0				
4	0				
5	0				
6					
	0				
8	0				
9	0				
10	0				

TN No. SP-302
Supersedes 250*
TN No. SP-250*
Approval Date DFC 18 1992
HCFA ID: 7985E

^{*}Information previously on page 2.

AUGUST 1991

Page 6
OMB No.: 0938
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Delaware

4. Aged and Disabled Individuals

// Same as SSI resource levels.

// More restrictive than SSI levels and are as follows:

Family Size Resource Level

1
2
3
4
5

Same as medically needy resource levels (applicable only if State has a medically needy program)

(BPD)

SUPPLEMENT 2 TO ATTACHMENT 2.6-A

TN No. SP-302 Supersedes	Approval Date	DEC 18 1992 Effective	Date 0 1 1992
TN No. SP-250*		HCFA ID:	

Revision: HCFA-PM-91-4

^{*}Information previously on page 2.

Revi	sion:	HCFA-PM-		BPD)		SUPPLEMEN Page 7 OMB No.:		ATTACHMENT	2.6-A
	_	STATE P State:	PLAN UNDE Delaware			THE SOCIA	L SECUR	AITY ACT	
			RE	SOURCE	LEVELS (Continued	1		
В.	MEDIC	ALLY NEEDY				•			
	Appli	cable to a	ll groups	; -					
		Except the	ose speci t.	fied be	elow und	er the pro	ovisions	s of section	n 1902(f)
		<u>Family</u>	Size	<u>F</u>	Resource	Level			
		_1		_					
		2		-					
		3	_	_					
		4		_					
		5		_					
		6		_	·	-			
				-					
		8	_	_					
		9		-		 			
		_10	<u>.</u>	_					
	For e	ach additi	onal pers	on _					

TN No. <u>SP-302</u> Supersedes TN No. SP-250*	Approval Dat	DEC 18 1992 Effective Date	e <u>jul 0 1 1992</u>
IN NO		UCEN ID. 700	. S. C.

^{*}Information previously on page 3.